

**Fred C. Underhill School**  
**Parental/Guardian Authorization Form**

Your child has an opportunity to participate in the following:

Event Chicken Dance - The Living Classics Series Performance

Date April 23, 2016 (Friday)

Time 10:30 am - 2:30 pm

Number of students participating 147

Chaperones: Number of school staff 11

Number of non-school personnel 7

Transportation provided by: School Bus ☒ Other (please list) \_\_\_\_\_

In order for your child to participate, this form **must** be filled out completely and returned prior to the event. **NO** student will be allowed to participate without a completed authorization form.

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**In case of an emergency please contact:**

\* Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_ Address: \_\_\_\_\_

Special medical conditions of student: \_\_\_\_\_

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**Statement of Consent:**

\* I give \_\_\_\_\_ my consent to participate in this event. In doing so, I  
(name of student)  
agree to the following:

1. In case of a medical emergency, I grant the chaperones the right to authorize medical care if none of the people named above can be reached.
2. I agree to pay the expense of returning my child home before termination of the event if he/she does not adhere to established standards of conduct.
3. The school is not responsible for damage or loss of property personally owned by the child.

\* \_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date